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\*\* CONTINUING DATA \*\*\*\*\* *Verified & C*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Verified & C*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY NJ	SHEETS  DRAWING 19	TOTAL  CLAIMS 40	INDEPENDENT  CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>JC</i>			

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TITLE  
 METHOD AND SYSTEM FOR REFERENCING, ARCHIVING AND RETRIEVING SYMBOLICALLY LINKED INFORMATION

FILING FEE  RECEIVED 1520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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